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(Requestor's Name) (Address)	-	3001069	644
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	- - EFF	ECTIVE DATE 9/14/07	SECRETARY OF STATE TALLAHASSEF, FLORIDA
Special Instructions to Filing Officer:			SUFFICIENCY OF FILING

Office Use Only



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	EFFECTIVE DATE 9 14 107
ON SERVICE COMPANY.	ELLECHAE DAIL 11 1 1 1 1
ACCOUNT NO. : 07210000	00032
REFERENCE : 238879	7551878
AUTHORIZATION:	Elemen 300
COST LIMIT : \$ 130.00	7555 7
ORDER DATE : September 21, 2007	E. E. S. J.
ORDER TIME : 10:41 AM	DA CO
ORDER NO. : 238879-005	
CUSTOMER NO: 7551878	
DOMESTIC FILING	
NAME: EUROPEAN AUTO HOLDI	NGS, LLC
XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF	OF FILING:
XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING	i
CONTACT PERSON: Amanda Roath - EXT.	2955
EXAMIN	ER'S INITIALS:

EFFECTIVE DATE 9/14/07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:	OT SEP 2		
European Auto Holdings, LLC	SSE P I		
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,"		
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Confidny is:		
Principal Office Address:	Mailing Address:		
Pembroke Pines, FL 33029	C/O WaldenPacific Property Trust PMB#601, 2711 Centerville Rd., #300 Wilmington, DE 19808		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the re	gistered agent are:		

Corporation Service	e Company			
Name				
1201 Hays Street				
Florida street address (P.O. Box NOT acceptable)				
Tallahassee	FL 32301			
City, State, and Zip				

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Corporation Service Company Amanda Roath As its agent Registered Agent's Signature (REQUIRED)

> (CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

MGRM

Marc Corey Chancelor

18331 Pines Blvd., #202

Pembroke Pines, FL 33029

MGRM

Marlon D. Chancelor

1833/ Pines Blvd. #202

Pembroke Pines, Fla. 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09-14-07. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By: Marc Corey Chancelor

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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